- Search History will be lost after eight hours of inactivity.
- To combine searches use # before search number, e.g., #2 AND #6.
- Search numbers may not be continuous; all searches are represented.

Search	Most Recent Queries	Time	Result
#23	Search **Booster AND polio AND adult** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	16:11:49	2
#22	Search **Booster AND Hib AND adolescent** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	16:11:39	0
#19	Search **Booster AND Hib AND adult** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	16:08:40	1
#17	Search **Booster AND Hib** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	16:03:57	36
#16	Search **Booster AND multivalent AND Hib** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	16:03:49	0
#14	Search **Booster AND adult AND polio** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	16:02:34	2
#6	Search **Booster AND adult AND hepatitis** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	16:01:38	22
#4	Search **Booster AND multivalent AND hepatitis** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	15:54:15	1
#3	Search **Booster AND multivalentAND hepatitis** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	15:54:11	343
#2	Search **Booster AND hepatitis** Field: **Title/Abstract,** Limits: **Publication Date to 1996/11/07**	15:53:55	343
#1	Search **Booster AND hepatitis**	15:53:21	618

Clear History

1: J Hepatol. 1989 Mar;8(2):254-8. Related Articles, Links

Entrez PubMed

PubMed Services

Related Resources

Virus hepatitis B, A, non-A, non-B.

Sherlock S.

Department of Surgery, Royal Free Hospital School of Medicine, University of London, U.K.

Hepatitis B vaccine is safe and effective. Its impact on the prevention of the disease, however, has been limited. In high risk areas, such as the Far East, mass vaccination of all babies is recommended. Even in low risk areas, such as Northern Europe and the United States, vaccination as part of a routine childhood immunisation programme might be effective so that protection is given before the adult becomes at risk of drug abuse or becoming a promiscuous homosexual or has joined the Health Care Service. A booster injection is probably necessary 5-7 years after primary vaccination. Hepatitis A still causes enormous epidemics. In Western Europe, large numbers of adults are at risk and the economic consequences are considerable. Vaccines which will replace serum immune globulin prophylaxis are under development. Epidemic non-A, non-B hepatitis is caused by a 27-34 nm virus, enterically transmitted. An antibody can be detected in the serum of sufferers from the epidemic but not the sporadic disease. Parenteral non-A, non-B hepatitis is associated with a viral genomic clone, isolated from infected chimpanzee liver and plasma. An antibody to it has been shown in serum of infectious blood donors and in haemophiliac patients previously exposed to blood products.

PMID: 2497172 [PubMed - indexed for MEDLINE]

1: Pediatr Infect Dis J. 1993 May;12(5):438-45. Related Articles, Links

Pediatric experience with recombinant hepatitis B vaccines and relevant safety and immunogenicity studies.

Greenberg DP.

UCLA School of Medicine, Harbor-UCLA Medical Center, Torrance 90502.

Yeast-derived recombinant hepatitis B vaccines have replaced plasma-derived vaccines in the United States and have now been given to millions of infants and children throughout the world. Routine immunization of infants in the United States with hepatitis B vaccine has been endorsed as the optimal means to prevent infection. The recombinant vaccines have an excellent safety record; most children have no adverse reactions whereas a few experience only minor local and systemic reactions that resolve within a short time. Both of the vaccines licensed in the United States are highly immunogenic in infants and children who complete a three dose vaccination sequence. Approximately 95 to 100% achieve protective levels of antibody to hepatitis B surface antigen (> or = 10 mIU/ml) after three doses. Immunization may begin at birth or at 1 to 2 months of age, and hepatitis B vaccine may be given simultaneously with other routine childhood vaccines. Antibody levels to hepatitis B surface antigen gradually wane over time, and the duration of maintaining protective levels correlates strongly with the peak level achieved. The protective efficacy against perinatal transmission from mothers who are positive for hepatitis B surface antigen and e antigen is 90 to 100% when the first dose of vaccine is administered at birth with hepatitis B immunoglobulin. In highly endemic populations immunization in infancy also protects against horizontal transmission from chronically infected family members. Studies currently in progress will determine the duration of protection, the potential need for booster doses and the feasibility of combining antigens in multivalent vaccines.

Publication Types:
- Review
- Review, Tutorial

PMID: 8327313 [PubMed - indexed for MEDLINE]

Safety and Immunogenicity of a High-Potency Inactivated Hepatitis A Vaccine.

Van Damme P, Thoelen S, Cramm M, Meheus A.

Centre for the Evaluation of Vaccination, Unit of Epidemiology and Community Medicine, University of Antwerp, Antwerp, Belgium.

Background: In recent years, several hepatitis A vaccines have been developed. We wished to evaluate the safety, reactogenicity, and immunogenicity of an inactivated hepatitis A vaccine, containing 1440 EI.U., and to monitor the kinetics of the antibodies monthly for the first year after administration of a single dose of vaccine. Methods: We conducted an open clinical trial, started in March 1992 and completed in July 1993, at two general hospitals and one pediatric hospital in Antwerp, Belgium, with 194 healthy adult healthcare volunteers. Each volunteer received a single dose hepatitis A vaccine, given intramuscularly at month 0 and a booster at month 12. We undertook serologic follow-up of antihepatitis A virus (antiHAV) antibodies and liver enzymes at day 15 and at months 1, 6, 9, 12, and 13. For a random subgroup of participants, blood samples were taken monthly. In addition, all participants noted local and general symptoms following administration of the vaccine. Results: This single dose vaccine was well-tolerated; 2 weeks after the vaccination, 80% of the participants had seroconverted (antiHAV antibodies >=20 mIU/mL); after 1 month, seroconversion reached 99% (geometric mean titer (GMT): 383 mIU/mL). One year after the single dose of vaccine, 94% still had antiHAV antibodies above 20 mIU/mL (GMT: 176 mIU/mL). One month after the booster dose, seroconversion was 100%, and GMT increased from 176 mIU/mL at month 12 to 4775 mIU/mL at month 13. Conclusions: The single dose hepatitis A vaccine is safe and highly immunogenic; it gives a rapid antibody production and a rapid increase of GMT. The persistence of protective antibodies until month 12 allows a booster at month 12. This schedule will easily fit into existing travel or occupational health vaccination schedules and will improve vaccination compliance.

PMID: 9815430 [PubMed - as supplied by publisher]

WEST Search History

DATE: Wednesday, October 22, 2003

Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT,PGPB,JPAB,EPAB,DWPI; PLUR=YES; OP=OR			
L9	L7 and l6	0	L9
L8	L7 an dl6	22219	L8
L7	(Hib or polio or hepatits adj "A") with vaccine same adult	25	L7
L6	HBsAg with vaccine same adult	22	L6
L5	L4 and (DTP or DTaP or diphtheria or polio)	29	L5
L4	L2 and (adult or adolescent)	47	L4
L3	L2 and multivalent	16	L3
L2	Booster same (polio or HIB or hepatitis near5 ("A" or "B"))	93	L2
L1	Booster same (polio or HIB or hepatits near5 ("A" or "B"))	33	L1

END OF SEARCH HISTORY